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ABSTRACT

Research on the role of alcoholism and opiate addiction in child abuse and neglect is reviewed, and a study of the adequacy of child care in families of 200 alcohol or opiate addicted parents is reported. Demographic data is included, and incidence and characteristics of physical and sexual abuse and neglect are reported. Sex of the addicted parent distinguished between families in which there is no maltreatment, as did availability of financial and social supports. Among summary notes listed are the conclusions that most alcoholic or opiate addicted parents did not physically or sexually abuse their children; 42% of the addicted parents had been recipients of physical abuse during childhood; children were neglected in all families with addicted parents, although in most instances the neglect was considered mild; and despite differences in demographic and socioeconomic characteristics, children were abused or neglected equally often in families with an alcoholic or opiate addicted parent. (CL)

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AN INVESTIGATION OF THE RELATIONSHIP BETWEEN
SUBSTANCE ABUSE AND CHILD ABUSE AND NEGLECT

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Contents

I. BACKGROUND

A. Factors Contributing to Risk of Child Abuse

1. Alcohol, drugs and violence
2. Similarities in factors associated with child abuse and neglect, alcoholism and opiate addiction

B. Studies Assessing the Role of Alcoholism and Opiate Addiction in Child Abuse and Neglect

1. Studies of abusing and neglecting parents
2. Studies of families with an alcohol or opiate addicted parent

II. STUDY DESCRIPTION

A. Purpose

B. Subjects

1. Selection of subjects
2. Definitions of alcoholism and opiate addiction
3. Characteristics of the sample
 - a. Demographic and socioeconomic characteristics
 - b. Drug use of respondent
 - c. Health of respondent and spouse
 - d. Availability of supports
 - e. Family disruption
 - f. Characteristics of respondent's childhood

C. Method

1. Interviewing procedures
2. Reliability and validity
3. Determination of abuse
4. Determination of neglect

D. Efforts to Obtain a Control Group

E. Limitations of the Study

III. RESULTS

- A. Overview of the Results
- B. Physical and Sexual Abuse of Children
 - 1. Incidence of physical and sexual abuse
 - 2. Characteristics of abuse
 - 3. Abuse of alcoholics and opiate addicts during childhood
 - 4. Addicts' perceptions of mistreatment
- C. Neglect of Children
 - 1. Incidence of neglect
 - 2. Dimensions of neglect
- D. Combined Incidence of Child Abuse and Neglect
- E. Response of the Parents
- F. Comparison of Families in which Child Abuse and/or Neglect Occurs and Families in which there is No Abuse or Neglect
 - 1. Demographic and socioeconomic characteristics
 - 2. Drug use of respondent
 - 3. Health of respondent and spouse
 - 4. Availability of supports
 - 5. Family disruption
 - 6. Characteristics of respondent's childhood
 - 7. Childrearing practices
 - 8. Self-administered measures of personality, stress, and childrearing
 - 9. Summary
- G. Comparison of Families in which only Child Abuse Occurs and Families in which only Serious Neglect Occurs

IV. SUMMARY AND DISCUSSION

- A. Incidence of Child Abuse
- B. Physical Abuse of Addicted Parents During Childhood
- C. Incidence of Neglect
- D. Comparison of Alcohol and Opiate Addicted Parents
- E. Characteristics Associated with Child Maltreatment
 - 1. Sex and race of the addicted parent
 - 2. Family violence
 - 3. Poverty and lack of supports
 - 4. Discipline practices of parents
- F. Implications for Treatment

I. BACKGROUND

A. Factors Contributing to Risk of Child Abuse

1. Alcohol, drugs, and violence

Investigations of the relationships between alcohol and violence and drugs and violence find alcohol use highly associated with interpersonal violence; while opiates are moderately or minimally associated with interpersonal violence (Fitzpatrick, 1974; Pernanen, 1976; Tinklenberg, 1973). The meaning of the association between alcohol use and interpersonal violence has not been determined. Various explanations attribute the association to action of the drug, characteristics of the user, the situation in which the drug is used and cultural expectations concerning use.

Alcohol is described as acting to release inhibitions and allow behaviors normally controlled to be expressed (Brill, 1970; Shuntich and Taylor, 1972). However, the action of alcohol differs in relation to user characteristics, dose, and time elapsed since use. Effects of alcohol differ with dose in a curvilinear relationship. Ingestion of moderately large amounts of alcohol are most associated with violence. Ingestion of very small amounts changes behavior little; while ingestion of extremely large amounts is likely to be associated with stupor. Effects of alcohol over time are not clearly delineated, but Tinklenberg (1973) has suggested that effects of rising, stable, and falling blood alcohol levels will differ. In a few persons alcohol appears to have a toxic effect eliciting violent behavior (Tinklenberg, 1973). Alcohol also appears to affect alcoholics differently from non-alcoholics. After alcohol consumption alcoholics appear to experience more hostility than non-alcoholics (Mendelson, 1964).

Discussion of personality characteristics which might contribute to an association between alcohol use and violence centers around distinctions between alcohol users and alcoholics and association of sociopathic personality characteristics with both alcoholism and violence (Pernanen, 1976; Tinklenberg, 1973). It has been suggested that the association between alcoholism and violence may be exaggerated. Alcoholics may be arrested more frequently, simply because they are easily visible to the police or less successful in voiding capture than more moderate drinkers (Shupe, 1954). Goodwin (1973) argues that there is no evidence that alcoholics are more likely to commit homicide than members of the general population. Pernanen (1976), while not disagreeing with this statement, lists a number of factors which may increase the connection between alcoholism and violence. These include:

1. greater susceptibility to arrest;
2. more use of alcohol (resulting in greater risk, whatever the connection between alcohol and violence);
3. changes in the individual associated with excessive alcohol use which may predispose the individual to violence (brain damage, for example);
4. connection between excessive alcohol use and conditions such as poor nutrition and REM sleep deprivation which may increase the likelihood of violence;
5. differences in drinking patterns of alcoholics and non-alcoholics which may result in more exposure of alcoholics to drinks of high alcohol or congener content which may, in turn, be related to violence;

6. association of alcoholism and anti-social personality characteristics which may be related to violence either directly or through a common cause; and
7. forcing of alcoholics into subcultures in which violence is particularly prevalent.

Personality traits such as sociopathy and the inability to consider past experience and future consequences before responding to present impulses, have been linked both to violence and to alcoholism. It has been suggested that these personality characteristics, linked to both violence and alcoholism, may underlie the connection between alcoholism and violence (Tinklenberg, 1973).

Explanations of the link between alcohol use and violence also emphasize the role of set and setting. These theories suggest that individual and cultural expectations that alcohol will lead to violence, combined with the settings in which drinking takes place, contribute to the association between drinking and violence. In this culture, drinking is associated with aggressiveness. Persons given alcoholic or non-alcoholic drinks which they are told contain alcohol have been shown to respond with more aggressiveness than individuals given alcoholic or non-alcoholic drinks which they are told do not contain alcohol (Lang, et. al., 1975). In this culture, drinking also takes place at times and in situations most associated with violence--on weekends and at home. Thus, drinking may simply occur in the same time and place as violence.

Finally, it has been suggested that our cultural acceptance of alcohol as releasing inhibitions and allowing behavior, normally

not acceptable, to emerge may help some individuals to express deviant behaviors. Alcohol may serve as a culturally acceptable and facesaving excuse for other less acceptable behaviors. Called deviance disavowal by McCaghy (1968) and posited as a possible explanation for sexual deviance, this process has also been extended as an excuse for violent behavior (Gelles, 1974). Persons who are drunk at the time violent behavior occurs may be seen as not responsible for their actions. Thus, drinking provides them with freedom from the usual rules of behavior of our society.

Whatever the eventual explanation of the association between alcohol use and violence, enough evidence exists linking alcohol use to violence to justify the expectation that alcohol use will be associated with child abuse. However, this association will be easier to demonstrate than to explain.

Whether alcohol use and alcoholism are equally associated with violence is unknown. Most studies have not distinguished these two groups. Thus, it is not clear whether alcohol use and alcoholism will be equally strongly associated with child abuse. In this study the association between alcoholism and child abuse is examined. Non-alcoholic drinkers are not studied.

Given the differences in the degree of association between opiates and violence and alcohol and violence, child abuse might be predicted to occur more frequently in families with an alcoholic parent than in families with an opiate addicted parent. If, however, similarities in personality characteristics and socioeconomic status associated with addiction outweigh the differences attributable to the particular drug of abuse, child abuse may be found equally often in families with an alcoholic or opiate addicted parent.

2. Similarities in factors associated with child abuse and neglect, alcoholism, and opiate addiction

The terms child abuse and child neglect are combined and defined in the Child Abuse Prevention and Treatment Act of 1974, P.L. 93-247, as: "The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby." Child abuse and neglect are not new problems, or even newly discovered problems. However, there has been a resurgence of interest in these problems in response to a number of publications in the 1960's which reawakened public concern (Caffey, 1965; Elmer, 1960; Kempe, et. al., 1962; Young, 1964).

Concurrent with increased consciousness of the occurrence of child abuse and neglect, studies of the factors associated with, contributing to, or causing abuse and neglect have been undertaken, along with attempts at intervention. Such studies have led to identification of situations in which abuse and neglect occur (Smith, Hanson and Noble, 1974), personality characteristics of abusing parents (Spinetta and Rigler, 1972), and characteristics of abused children (Friedrich and Boriskin, 1976). Recent research has attempted to identify groups of characteristics related to child abuse and neglect, thus, recognizing that only rarely does a single characteristic operate independently to cause child abuse or neglect, and further, that there may be several distinct groups of parents who abuse or neglect children (Gil, 1975; Kent, et. al., 1975; Polansky, 1975).

Situational factors associated with child abuse and neglect include: a parental history of abuse or neglect as a child; stressful life circumstances, including poverty, chronic illness, and unemployment; social isolation and associated lack of support; youth and associated immaturity and inexperience; unwanted pregnancy; and absence of one parent. One or more of these situational factors frequently occur in families in which one or both parents are addicted to opiates or alcohol (Braucht, et. al., 1973; Cork, 1969; Fox, 1972; Freedman, et. al., 1975). Addiction is a chronic illness which preoccupies the parent. Consequences of this illness often include poverty and unemployment. Families with an addicted parent find it hard to acknowledge this fact and isolate themselves from others. The stresses occurring in these families further contribute to marital difficulties which result in separation and divorce, leaving children in the care of a single parent.

Personality characteristics associated with the occurrence of child abuse and neglect include: low frustration tolerance, low self-esteem, impulsivity, dependency, immaturity, retardation, psychosis, severe depression, role reversal, difficulty in experiencing pleasure and misperception and lack of understanding of the needs and abilities of infants and children. Impulsivity, dependency, and depression are characteristics often connected with addiction, as is low self-esteem. (Austin and Lettieri, 1976; Braucht, et. al., 1973; Mayer, et. al., 1967; Myerson and Mayer, 1970; Williams, 1976). The difficulty in functioning experienced by the alcoholic or opiate addict often results in role reversals within the family in which

children are expected to function as adults while the parent requires care, is not expected to function and becomes the focus of attention. In addition, the spouse may turn to the child, in lieu of the mate, for support and aid.

The clinical identification of many of these problems in families with an alcoholic parent has resulted in studies designed to assess the effects of these disturbances on the child. These studies have focused primarily on the transmission of alcoholism, delinquency, behavior problems, and a variety of psychological problems. The most consistent finding is that children of alcoholics are at risk of becoming an alcoholic (Goodwin, 1974). In addition, studies have found evidence of an association between delinquency and other behavioral problems and the presence of an alcoholic parent (Chafetz, et. al., 1971; Haberman, 1966; Jenkins, 1968; Kammeier, 1971; Widseth and Mayer, 1971). As is true of the alcoholic himself or herself, the psychological problems of children of alcoholics display no single pattern.

Little comparable research has been done on families in which there is a drug addicted parent. Some recent studies of populations of pregnant female addicts have concluded that many of the children of female addicts do not receive appropriate prenatal care (Blinick, et. al., 1973; Stone, et. al., 1971) or adequate parenting after birth (Densen-Gerber, et. al., 1972; Freedman, et. al., 1975). Since the recent rise in heroin addiction did not start until the late 1960's in the United States, little information is available on the status of children of addicts after early childhood. However,

the phenomenon of addiction at birth has received considerable attention, partly as a consequence of the increased awareness of and interest in child abuse and neglect. In at least one state heroin addicts have been judged unfit parents. One of the legal definitions of an abused child in New York State is any child of an adjudicated heroin addict (Polier and McDonald, 1972), and infants born addicted must be reported to protective services in several states, Massachusetts, for example.

In addition to the contribution of situational and personality factors to child abuse and neglect, certain characteristics of children which may detract from their acceptableness or their responsiveness to the parent have been associated with the occurrence of abuse or neglect. These factors include retardation, deformity, illness, behavioral problems including hyperactivity, disobedience, delinquency, and emotional difficulties, including withdrawal and lack of responsiveness.

It is probable that behavioral problems that make a child difficult for parents to handle are associated with the presence of an alcoholic or opiate addicted parent within a family. Recent evidence also suggests a link between heavy drinking during pregnancy and growth deficiency, underdevelopment of the brain and joint, limb and facial malformations (Jones, et. al., 1973; Palmer, et. al., 1974). Thus, heavy drinking during pregnancy may contribute to making the child unacceptable to parents and thus more susceptible to abuse or neglect. Insofar as infant withdrawal from opiates may make a child irritable and unpleasant and may require hospitalization

for treatment, thereby interfering with the binding process between mother and child, drug use during pregnancy also may make children less acceptable to the parent and interfere with care.

These similarities in families in which child abuse or neglect has occurred and families with an addicted parent suggest that families with an alcoholic or opiate addicted parent will be high risk families for the occurrence of child abuse and neglect. This does not mean that addiction of the parent will necessarily be found to cause child abuse and neglect. It may be that a combination of these psychological, situational, and child factors, associated both with child abuse and with addiction of a parent, are primarily responsible for the occurrence of child abuse and neglect.

B. Studies Assessing the Role of Alcoholism and Opiate Addiction in Child Abuse and Neglect

1. Studies of abusing and neglecting parents

Most studies examining the role of parental alcoholism and opiate addiction in child abuse and neglect have been studies of families in which child abuse or neglect has occurred. The results of these studies vary and are difficult to interpret. Definitions of drug or alcohol abuse vary, samples are often small, and data on drug and alcohol problems often are combined.

In studies reporting data on the incidence of alcoholism in families of children identified as abused and/or neglected the incidence varies widely depending on, as yet, unknown factors. Young (1964), in an early study of 300 families in which children had been abused or neglected, found that drinking was a "primary family problem" in 62% of the families and that heavy drinking was

present, but not the primary problem, in additional families. Fitch, et. al. (1975) reported that 32.2% of the child abusers, 41.4% of the fathers of abused children and 10.3% of the mothers of abused children used alcohol dysfunctionally. In a subgroup comparison significantly more fathers of children who physically failed to develop adequately and were classified as nonorganic cases of failure to thrive, than fathers of abused children, had a drinking problem. Dysfunctional use of alcohol was defined as use which has caused trouble with spouse, family, friends, employer, police and the user's health one or more times. The prevalence of dysfunctional alcohol use in these families exceeded the estimated prevalence in those of similar socioeconomic status in Colorado. Johnson and Morse (1968) reported that, of 101 cases representing 85 families in which child abuse had occurred, abusing parents in 16 (19%) of the families drank to excess. Rada (1975), in a study of child molesters, reported that 49% were drinking at the time of the offense, most of them heavily; while 52% were classified as alcoholics. More women were found to be drinking at the time of the offense than men. Whether those persons drinking at the time of the offense were the same persons classified alcoholics is unclear. Rada speculates that alcohol serves primarily to lower inhibitions and facilitate commission of the offense.

Several studies of the incidence of alcoholism in families and individuals identified as abusing or neglecting a child have been conducted in Europe. Caution must be used in interpreting the relevance of these studies to a different culture with different

customs concerning use of alcohol and, possibly, different definitions of alcoholism and child abuse. Most of these studies found a high incidence of alcoholism among child abusers. Mainard, et. al. (1971) reported alcoholism in 65% of parents of 32 hospitalized French children. Grislain, et. al. (1968) found parental alcoholism in 90% of the cases of child abuse examined by the juvenile court. Ramee and Michaux (1966), again in France, found 32% of 106 sexual offenses, were committed while drinking. Thirteen of the 32% involved incest. Nau (1967) in a sample of 105 child abusers in West Berlin reported an incidence of alcoholism of 50%; although only 34% were drinking at the time. In Helsinki, Virkkunen (1974) reported that 48% of 45 incest cases involved alcoholics.

Two studies, one by Boisvert (1972), and one by Kent, et. al. (1975) have explored typologies of child abusers and identified groups of cases in which alcoholism or opiate addiction are involved. Boisvert (1972) developed typologies of child abusers based on personality characteristics of the abuser. Alcoholism was a factor in 2 of 6 distinct groups of abusers. In one the central personality characteristic was identified as "inadequate personality." In the other the central characteristic was labeled "sadistic personality." In the former abuse resulted from an aggressive, hostile reaction of an impulsive, inadequate parent. The latter is described as an aggressive-destructive behavior pattern in a parent with a history of sadistic behavior. Alcoholism was found in association with each of these personality configurations. Kent (1975), in a study of

several hundred cases of children under court protection as a result of abuse or neglect, developed typologies for both abuse and neglect involving a number of different factors. Two of the 4 abuse typologies and all of the 4 neglect typologies involved substance abuse. Substance abuse was defined as a history of drug or alcohol use beyond casual experimentation or prescription. In discussing these typologies, Weisberg (1975) concludes that most of the clusters involving substance abuse reflect a culture of poverty. In addition, one involves a particularly dependent woman abandoned by a substance abusing mate or escaping into substance abuse herself. Another involves addiction of the mother, resulting in non-functioning of the parent and neglect of the child. Most of the mothers in this latter group were also living alone. Both of these last two clusters were primarily associated with neglect. The most severe abuse was not associated with parental use of alcohol or drugs.

Other studies have reported an association between child abuse and alcoholism or other behavioral and psychiatric problems, many without distinguishing among these problems or without reporting incidence figures (Simons, et. al., 1966; Klein and Stern, 1971; Ebbin, et. al., 1969; Glaser, et. al., 1968; Silver, et. al., 1969).

Finally, there are a few studies in which it is reported that the incidence of alcoholism among abusing or neglecting parents is extremely low or non-existent (Smith, Hanson and Noble, 1973; Steele, 1975).

Examination of the incidence of alcoholism in child abusing and neglecting populations has established an association between alcohol use by abusers or in the families of abused or neglected children and child abuse and neglect. The strength of this association appears to vary widely in accordance with unknown factors. There is some suggestion that the association is stronger in cases of neglect. Whether the association is between alcohol use, alcoholism, or factors associated with alcoholism, and child abuse and neglect remains to be clarified. Definitions of alcoholism vary widely and distinctions are rarely made between alcoholism and drinking or being drunk at the time of the offense. In a few studies both drinking at the time of the offense and incidence of alcoholism among abusers are examined. Results of these studies suggest that there are cases in which drinking itself contributes to abuse or neglect and cases in which other conditions associated with alcoholism are more important.

Findings of studies reporting data on the incidence of drug abuse or addiction in families of children identified as abused and/or neglected are fewer and more difficult to interpret as definitions of drug addiction vary even more widely than definitions of alcoholism and data on drug and alcohol addiction often are combined. Fitch, et. al. (1975) reported that 21.4% of mothers of abused children, 37% of fathers of abused children and 37% of persons committing the abuse used drugs dysfunctionally; dysfunctionally was defined as "having caused trouble with spouse, family, friends, employer, police,

and the user's own health one or more times. These percentages were higher than for persons of the same social class in the area studied. Another study (Kent, et. al., 1975) indicated that 41% of mothers and 50% of fathers of abused or neglected children under court protection were substance abusers, although only 31% of the substance abusers were judged to need treatment. However, no distinction was made between drug and alcohol abuse. Polier and McDonald (1972) reported that 5 out of 10 cases in which a court finding of child abuse had been made by a New York County Court were based on narcotic addiction of a parent. The authors comment, however, that judges interpret the New York State laws as giving them the power to make a finding of child abuse if a parent admits drug addiction before the court, or if a child demonstrates withdrawal symptoms shortly after birth. Simons, et. al. (1966), also looking at characteristics of abuse cases registered in New York City, reported that their examination of 293 families indicated that 10% of all caretakers in abuse cases were addicted to drugs or alcohol. However, most child abuse and neglect studies either have made no mention of drug abuse or have included drug abuse under behavioral and psychiatric problems, without distinguishing among these problems.

2. Studies of families with an alcoholic or opiate addicted parent

Some persons working in the field of addictions, particularly those working with opiate addicted parents, have suggested that the incidence of child abuse and neglect in families

with an addicted parent is high. Eldred, Grier and Berliner (1974) report a statement from Odyssey House in New York that opiate addicted parents account for 80% of the cases of child abuse in New York City. Densen-Gerber et. al. (1977) further state that "there exists adequate evidence of the causative relationship between substance abuse and child abuse to support a legal presumption of abuse and/or neglect where the parent or guardian is a drug or other substance abuser" (page 161). Neuberg, et. al. (1972) state that children of drug addicted parents are at risk of being neglected and becoming addicted to drugs.

Recently studies of the incidence of child abuse and neglect among addicted parents have begun to appear. Sowder (1978), reporting results of a study of children of opiate addicts conducted by Burt Associates, found that abuse or neglect of children was 4 times as likely to be reported by addicted parents as by parents in a control group. Definitions of abuse or neglect were unclear. Furthermore, it is possible that addicted parents, having shared information about their addiction, may be more likely to share other negative information about themselves than controls. Based on official reports (it is not clear whether these were reported by the parents or by agencies) child abuse in families with an addicted parent varied from 9 to 20%; while child abuse in families of comparison parents varied from 11 to 18%.

Oehlenberg and Finnegan (1978), reporting on the conduct of a treatment program for opiate addicted mothers, indicated that they are initiating a program of screening for risk of child abuse and

neglect. In conjunction with their present program, they have documented 12 cases of abuse in 375 live births to addicted mothers, an incidence of 2.4%.

In a study of the role of alcohol abuse in family violence, Coleman and Straus (1979) asked one parent in a representative sample of two parent American families how frequently he or she gets drunk and related responses to physical punishment of children by that parent. Violence serious enough to be labeled child abuse increased as reported frequency of drunkenness increased. However, this relationship was curvilinear. Violence occurred infrequently in parents reporting being drunk most frequently. The measure of drinking used is ambiguous and the equating of alcoholism with persons reporting the heaviest drinking also is somewhat questionable. Thus, results of the study apply more clearly to differences between normal and heavy drinkers than differences between normal drinkers and alcoholics. The authors suggest that child abuse is less likely to occur in families with an alcoholic parent than families with a heavy drinking, non-alcoholic parent. They further suggest that heavy drinking parents may use alcohol as an excuse for unacceptable behavior, while alcoholics may use alcohol to avoid interacting with the world.

Further studies are needed to more clearly document the extent of child abuse and neglect occurring in families with an alcohol or opiate addicted parent. It is clear that factors which have been associated with child abuse and neglect and with other violence are present in the personalities, social backgrounds and living situations of addicted parents. It is also clear that there is a high incidence

of addicted parents in some groups of abusing and neglecting parents. Questions which remain to be answered concern the incidence of child abuse and neglect in families with an alcohol or opiate addicted parent, and the nature of the relationship(s) between alcohol or opiate use or abuse and child abuse and neglect.

At this time the following predictions might be made: 1) families with an alcohol or opiate addicted parent will have a high incidence of child abuse and neglect; 2) alcohol use or alcoholism will be more highly associated with child abuse than opiate addiction; 3) child neglect will occur more frequently than child abuse in families with an addicted parent; and, 4) under differing circumstances action of the drug, personality factors associated with addiction, and socioeconomic factors associated with addiction will each be associated with child abuse and neglect.

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II. STUDY DESCRIPTION

A. Purpose

The purpose of this study is to investigate the adequacy of child care in families with an alcohol or opiate addicted parent. It was designed: 1) to determine the incidence and types of child abuse and neglect which occur in families with an alcohol or opiate addicted parent, 2) to investigate the relationship between child abuse and neglect and abuse of alcohol and opiates, and 3) to compare families in which child abuse and neglect occurred with families in which child care was adequate.

B. Subjects

1. Selection of subjects

Most subjects were patients in treatment for alcoholism or opiate addiction at the Washingtonian Center for Addictions, a multimodality treatment center for alcoholism and drug addiction. A few were referred from cooperating outpatient programs. Two hundred subjects, 92 alcohol addicted parents and 108 opiate addicted parents, participated in the study.

In order to minimize problems of recall and to examine current care by the parents, eligibility for the study was limited to parents who had been caretakers for a child under the age of 18 for at least 6 of the last 12 months, or, if the only child cared for was under 6 months, for at least 2 months. All eligible parents in treatment at the Center for at least a week (75% of all parents treated) were asked to participate in the study. Parents in treatment for less than a week usually could not be interviewed due to illness, difficulty in scheduling the interview or early withdrawal from treatment.

Of those patients approached, 97% agreed to participate in the study.

2. Definitions of alcoholism and opiate addiction

The Washingtonian Center offers inpatient detoxification and various types of outpatient counseling, including methadone maintenance for opiate addicts. Admission for treatment at the Center was considered evidence of opiate or alcohol addiction. Eighty-one percent (81%) of the alcoholic subjects and 88% of the opiate addicted subjects were recruited for this study while withdrawing as inpatients from physical addiction to alcohol or opiates. Nineteen percent (19%) of the alcoholics and 12% of the opiate addicts were recruited from outpatient services. Most opiate addicted outpatients were receiving methadone.

Staff reviewed all subjects not currently addicted to opiates or alcohol to verify classification of these subjects as alcoholics or opiate addicts. All opiate addicts had been physically addicted to opiates, as determined by admission for detoxification from opiates at some time. Eleven alcoholics had never been detoxified from alcohol. These 11 subjects were determined to be alcoholics using a criteria of repeated problems in functioning as a consequence of excessive drinking. All subjects acknowledged having a drug or alcohol problem and sought treatment for that problem.

3. Characteristics of the sample

The first of the following tables (Table 1) illustrates the demographic and socioeconomic characteristics of alcohol and opiate addicted parents. Successive tables delineate drug use of

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3. Characteristics of the sample

The first of the following tables (Table 1) illustrates the demographic and socioeconomic characteristics of alcohol and opiate addicted parents. Successive tables delineate drug use of

the respondents, health of respondents and their spouse, availability of supports for care of children, degree of family disruption and characteristics of the respondents' childhoods.

a. Demographic and socioeconomic characteristics (Table 1)

Characteristics of alcohol and opiate addicted parents participating in this study are shown in Table 1. Overall, the average age is 32 years. Half are male (44.5%) and half are caucasian (54.5%). Most have a high school education (30.5%) or less (54.0%) and are unemployed (83.5%), supporting their families on a combination of brief employment or spouses' employment, welfare, disability, alimony and child support (80.0%). Half of these parents also have an illegal source of income (44.0%).

Alcohol and opiate addicted parents differ significantly on most demographic and socioeconomic characteristics. Alcoholics are older (average age is 38) and more likely to be male (63.0%) and caucasian (65.2%). Half of the opiate addicts are under age 36, almost three quarters are female (71.3%) and more of them are black (54.6%) than the alcoholics. Alcoholics are more likely to have completed high school and to have continued beyond high school than opiate addicts (56.5% vs. 37.0%); however, they are not more likely to be employed (21.7% vs. 12.0%). Opiate addicts are more likely to have an illegal source of income (77.1% vs. 3.5%).

Half of the parents interviewed are currently married (46.2%), 38.2% are separated, divorced, or widowed and 15.6% never married. Half of the families (48.0%) are nuclear families consisting of both parents and children, 29.8% are extended or communal families consisting

of one parent, children and other friends or relatives, and 22.2% are single parent families. These are not large families. Almost half of these families have only one child (46.5%), 40% have two or three children and 13.5% have four or more children.

Alcoholic parents are more likely to be married than opiate addicted parents (56.5% vs. 37.4%), while more of the latter are single (21.5% vs. 8.7%). Alcoholic parents are also more likely to be living in nuclear families (59.3% vs. 38.3%). Extended or communal families and single parent families are more common among opiate addicts (61.7% vs. 40.7%). More of the families with an alcoholic parent have two or more children than families with an opiate addicted parent (65.3% vs. 43.5%).

Most of the families studied live in rented housing (80.0%) and in neighborhoods in average or above average physical condition (77.8%). Twenty percent own their own homes and 22.2% report that neighborhood conditions are below average. About three quarters (73.8%) of the parents have been arrested at least once; 26.3% have never been arrested.

Alcoholic parents are more likely to own their own homes (31.0% vs. 11.1%) and opiate addicted parents are more likely to rent housing (88.9% vs. 69.0%) and to live in neighborhoods in average or below average condition (70.1% vs. 50.6%). Opiate addicted parents are more likely to have been arrested (83.2% vs. 62.1%) and have been arrested more frequently than alcoholic parents.

b. Drug use of respondent (Table 2)

In addition to opiates or alcohol, half of these parents have used tranquilizers (52.3%) and half have used

marijuana (54.3%). Barbiturates or stimulants have been used by 35% and 25% have used hallucinogens. Over half of the alcoholic and opiate addicted parents (68.7%) have sought treatment for their addiction three or more times.

Opiate addicted parents are more likely to have used hallucinogens (36.1% vs. 12.0%) and marijuana (66.7% vs. 39.6%). However, there is no difference between alcohol and opiate addicted parents in use of barbiturates or stimulants or tranquilizers and in number of treatment attempts.

c. Health of respondent and spouse (Table 3)

About one quarter of these parents (29.5%) and their spouses (20.6%) have some chronic illness other than addiction and one quarter of these parents (25.6%) and their spouses (20.4%) have been treated for other psychiatric problems. The majority of the parents who have current contact with their spouses have spouses who do not abuse alcohol (84.6%) or drugs (72.9%).

There are no differences in occurrence of chronic or psychiatric illness other than addiction between alcohol and opiate addicted parents and their spouses. Spouses also abuse alcohol equally often. However, spouses of opiate addicted parents are more likely to abuse drugs (46.5% vs. 8.2%) than spouses of alcoholic parents.

d. Availability of supports (Table 3)

Support for themselves and help with the care of their children is available to most of these families. They live within an hour (32.7%) or even within walking distance (52.8%) of their nearest relative and 83.2% report that a friend or relative is available to help with the care of their children.

Alcoholic parents are more likely to live an hour or more from their nearest relative (60.9% vs. 35.5%) and less likely to have a friend or relative available to help them with their children (73.3% vs. 91.6%) than opiate addicted parents.

e. Family disruption (Table 3)

Half of the families studied have moved two or more times in the past five years (49.2%). Internally, these families are disrupted by violence between the parents. In more than half of these families (59.2%) the subject and spouse have been involved in fights in which at least one of them was physically injured.

Families with an opiate addicted parent are more likely to have moved two or more times in the past five years (66.7% vs. 29.1%), but families with alcohol or opiate addicted parents are equally likely to experience interparental violence.

f. Characteristics of respondent's childhood (Table 4)

Three quarters of these addicted parents grew up in nuclear families (75.3%) in which the head of the household, like these parents themselves, had a high school education or less (77.2%). Half of the alcohol and opiate addicted parents report that their own parents abused alcohol or drugs (55.0%). Three quarters of the parents interviewed (77.4%) experienced separation from one or both parents before the age of 18. There were no differences between alcohol and opiate addicted parents in these characteristics of childhood.

TABLE 1

Characteristics of Alcohol and Opiate Addicted Parents

	Addiction of Parent		Total
	Alcoholic (<u>n</u> =92)	Opiate Addicted (<u>n</u> =108)	(<u>n</u> =200)
<u>Demographic & Socioeconomic Characteristics</u>			
Age***			
18-25	7.6%	51.9%	31.5%
26-35	35.9	36.1	36.0
36+	56.5	12.0	32.5
Sex***			
Male	63.0%	28.7%	44.5%
Female	36.9	71.3	55.5
Race**			
Caucasian	65.2%	45.4%	54.5%
Black	34.8	54.6	45.5
Education*			
Did not complete high school	43.5%	63.0%	54.0%
Completed high school	38.0	24.1	30.5
Continued beyond high school	18.5	13.0	15.5
Employment			
Yes	21.7%	12.0%	16.5%
No	78.3	88.0	83.5

TABLE 1
(Cont'd.)

	Addiction of Parent		Total
	Alcoholic (<u>n</u> =92)	Opiate Addicted (<u>n</u> =108)	(<u>n</u> =200)
Family source of income			
Employment	25.0%	15.7%	20.0%
Employment plus alimony or welfare	30.4	36.1	33.5
Welfare/disability/alimony	44.6	48.1	46.5
Illegal income***			
Yes	3.5%	77.1%	44.0%
No	96.5	22.9	56.0
Marital status*			
Single	8.7%	21.5%	15.6%
Married	56.5	37.4	46.2
Separated	25.0	27.1	26.1
Divorced/widowed	9.8	14.0	12.1
Family structure*			
Nuclear	59.3%	38.3%	48.0%
Single parent	17.6	26.2	22.2
Extended/communal	23.1	35.5	29.8
Number of children***			
1	34.8%	56.5%	46.5%
2 or 3	45.7	35.2	40.0
4+	19.6	8.3	13.5

TABLE 1
(Cont'd.)

	Addiction of Parent		Total
	Alcoholic (<u>n</u> =92)	Opiate Addicted (<u>n</u> =108)	(<u>n</u> =200)
Residence***			
Own	31.0%	11.1%	20.0%
Rent	69.0	88.9	80.0
Condition of neighborhood*			
Above average	49.5%	29.9%	38.9%
Average	29.7	46.7	38.9
Below average	20.9	23.4	22.2
Number of arrests***			
0	37.9%	16.8%	26.3%
1-4	48.3	43.0	45.4
5+	13.8	40.2	28.4

*p < .05
 **p < .01
 ***p < .005

TABLE 2

Characteristics of Alcohol and Opiate Addicted Parents

	Addiction of Parent Alcoholic (<u>n</u> =92)	Opiate Addicted (<u>n</u> =108)	Total (<u>n</u> =200)
<u>Drug Use of Respondent</u>			
Use of tranquilizers			
Yes	51.6%	52.8%	52.3%
No	48.4	47.2	47.7
Use of hallucinogens***			
Yes	12.0%	36.1%	25.0%
No	88.0	63.9	75.0
Use of marijuana***			
Yes	39.6%	66.7%	54.3%
No	60.4	33.3	45.7
Use of barbiturates or stimulants			
Yes	30.4%	38.9%	35.0%
No	69.6	61.1	65.0
Number of treatment attempts			
1	14.3%	19.6%	17.2%
2	19.8	9.3	14.1
3+	65.9	71.0	68.7

TABLE 3
Characteristics of Alcohol and Opiate Addicted Parents

	Addiction of Parent		Total
	Alcoholic (<u>n</u> =92)	Opiate Addicted (<u>n</u> =108)	(<u>n</u> =200)
<u>Health of Respondent & Spouse</u> ^a			
Chronic illness (respondent)			
Yes	28.3%	30.6%	29.5%
No	71.7	69.4	70.5
Chronic illness (spouse)			
Yes	27.4%	13.2%	20.6%
No	72.6	86.8	79.4
Psychiatric illness (respondent)			
Yes	32.6%	19.4%	25.6%
No	67.4	80.6	74.4
Psychiatric illness (spouse)			
Yes	23.6%	16.9%	20.4%
No	76.4	83.1	79.6
Alcohol abuse (spouse)			
Yes	15.1%	15.7%	15.4%
No	84.9	84.3	84.6
Drug abuse (spouse)***			
Yes	8.2%	46.5%	27.1%
No	91.8	53.5	72.9

^a140 respondents reported on spouses

*p < .05

**p < .01

***p < .005

TABLE 3
(Cont'd.)
Characteristics of Alcohol and Opiate Addicted Parents

	Alcoholic (<u>n</u> =92)	Addiction of Parent Opiate Addicted (<u>n</u> =108)	Total (<u>n</u> =200)
<u>Availability of Supports</u>			
Distance of nearest relative***			
Walking distance	39.1%	64.5%	52.8%
Within 1 hour	44.6	22.4	32.7
More than 1 hour away	16.3	13.1	14.6
Source of help with children***			
Yes	73.3%	91.6%	83.2%
No	26.7	8.4	16.8
<u>Family Disruption</u>			
Times moved in past 5 years***			
0	51.2%	14.1%	31.4%
1	19.8	19.2	19.5
2+	29.1	66.7	49.2
Family violence			
Yes	58.5%	59.5%	59.2%
No	41.2	40.5	40.8

*p < .05
**p < .01
***p < .005

TABLE 4

Characteristics of Alcohol and Opiate Addicted Parents

	Addiction of Parent		Total
	Alcoholic (<u>n</u> =92)	Opiate Addicted (<u>n</u> =108)	(<u>n</u> =200)
<u>Characteristics of Respondent's Childhood</u>			
Family structure			
Nuclear	79.1%	72.0%	75.3%
Single parent	19.8	22.4	21.2
Extended/communal	1.1	5.6	3.5
Education head of household			
Did not complete high school	54.0%	48.8%	51.0%
Completed high school	27.0	25.6	26.2
Continued beyond high school	19.0	25.6	22.8
Parental alcohol or drug abuse			
Yes	52.2%	57.4%	55.0%
No	47.8	42.6	45.0
With parents until 18			
Yes	25.0%	20.6%	22.6%
No	75.0	79.4	77.4

C. Method

1. Interviewing procedures

In order to maximize rapport with subjects six professionals experienced in the addictions, but not responsible for the treatment of subjects in this study, conducted interviews. Structured questionnaires were used to obtain information on subjects' alcohol and drug use, current life situation, childhood experiences, and care of their children. The Minnesota Multiphasic Personality Inventory, the Survey on Bringing Up Children (Schneider, Helfer, and Pollock, 1972) and the Schedule of Recent Experience (Holmes and Masuda, 1973) were also administered. Interviewing and completion of written instruments required from 2 to 4 hours for each subject and was generally scheduled for two separate two-hour sessions. Subjects were paid \$15 for their participation.

2. Reliability and validity

Interviewer reliability in recording responses to questionnaire items was determined by interclass correlation (Guilford, 1968) on a randomly selected 20% of the questionnaire items rated by interviewers from a taped interview. Reliability ranged from 85% to 95% on different sections of the questionnaire. Higher correlations were achieved when questions and responses were objective and did not require interpretation by the interviewer. This range of reliability was considered acceptable.

Attempts were made to insure the accuracy of data gathered by using interviewers experienced in the addictions and by insuring confidentiality. The high degree of participation (97% of those

recruited) reflects the certainty of subjects that information given would remain confidential.

In order to assess the truthfulness of subjects' answers to the interview questions, relatives or friends of the subjects who had substantial contact with the subjects (significant others) were interviewed. Twenty percent (20%) of the questions asked the subjects were randomly selected for inclusion in these interviews. Significant others of 23 subjects were interviewed with the subjects permission. Correlations between each subject's answers to each interview question and answers provided by significant others were then determined.

Overall, these correlations were very low and largely not significant. Answers of subjects and those of significant others to questions based upon visible and objective facts, such as age or weeks worked, were most likely to be significantly correlated. Answers to questions requiring inferences or judgments or based upon actions easily concealed, such as frequency with which different types of discipline were used were generally not significantly correlated. Significant others frequently indicated that they were uncertain about the accuracy of their answers.

It is possible that the low correlations between answers of subjects and significant others indicate that subjects were not answering the interview questions honestly. However, it appears equally likely that the significant others did not have enough information to answer some questions accurately. Finally, in areas requiring judgments, it is difficult to determine what reality

actually is. Thus, the validity of subjects' answers to the interview questionnaire cannot be determined by this data.

3. Determination of abuse

Subjects were asked about injuries and sexual experiences of their children but were not directly asked if they had abused their children. Two independent raters reviewed all completed interviews to determine for each subject whether or not a child cared for by that subject had been physically or sexually abused. Agreement between raters on presence of physical, sexual or no abuse was 97%. The following definitions of physical and sexual abuse were used in making these ratings.

Physical abuse

Physical abuse is determined to have occurred if there is evidence of bruising or more serious injury of a child under the age of 18 by a person responsible for the care of that child. The perpetrator must have admitted the abuse, or substantial legal or other evidence that it occurred and was not accidental, such as inconsistency in explanations or implausibility of the explanation must exist. All cases in which a child is threatened with physical harm by the actions of a person responsible for his/her welfare and in which there is substantial evidence suggesting injury has occurred, even if no injury is reported, are rated as physical abuse.

Sexual abuse

Sexual abuse is determined to have occurred if there is evidence of sexual activity, including fondling or attempted intercourse with a child under the age of 16¹ by an adult.

These same methods and criteria were used in determining whether or not subjects had been abused by their caretakers during childhood. Subjects were also asked if they felt they had been mistreated by either parent during their childhood. Results of rater determination of abuse and subjects' reports of mistreatment were analyzed separately.

4. Determination of neglect

One rater reviewed completed interviews to determine for each subject whether or not a child cared for by that subject had been neglected. Reliability of these ratings was determined by having another rater rate a randomly selected 30% of these interviews.

Judgments concerning the presence or absence of neglect were more difficult to make than judgments concerning abuse. Neglect covers a potentially broader spectrum of behavior and is subject to even more variation in judgments regarding acceptable behavior than abuse. Initially, ratings of neglect from 0 (no neglect) to 3 (severe neglect) were attempted. However, the raters determined that alcohol and opiate abuse interfered with parental functioning sufficiently so that no ratings of 0 (no neglect) were made. Ratings of 2 or 3 (moderate and severe neglect) were made, but agreement between raters was insufficiently high (75%) to support

¹In Massachusetts, the age of consent for sexual relations is 16.

the reliability of this distinction. Thus, subjects were categorized either as mildly neglecting their children or severely neglecting their children. Agreement between raters on occurrence of mild or severe neglect was 88%.

In determining the presence of neglect which could result in injury or in problems in physical or psychological development of a child, raters considered inadequacy of child care in the following areas:

Difficulty in functioning as a parent:

- a. Feeding,
- b. Physical care,
- c. Attention and discipline,
- d. Medical care,
- e. Supervision;

Exposure of a child to traumatic events,
Separation of a child from parents/unstable home, and
Psychological or verbal abuse of a child.

Single incidents of inadequate care were not considered severe neglect, and incidents in a single category (unless very severe) were not considered severe neglect. Severe neglect was used to refer to multiple instances of inadequate care usually occurring in various categories.

D. Efforts to Obtain a Control Group

Considerable effort was made to obtain a control group matched on age, race, sex, and socioeconomic status with the alcohol and opiate addicted subjects, but determined not to be

abusers of alcohol or opiates. Several different methods of recruiting control group subjects were attempted.

First, hospitals with patient populations similar to those at the Center were contacted. These institutions refused to allow the study to be conducted using their patients as subjects unless identified cases of child abuse or neglect were reported to the State, or the Principal Investigator was officially released from reporting requirements by the Federal Government. Introduction of reporting could be expected to bias the subjects successfully recruited and the truthfulness of their interview responses; thus, this was an unacceptable alternative. A decision to avoid application for official release from reporting was made in order not to set a limiting precedent for future studies.

Attempts were then made to recruit control subjects from non-alcohol and non-opiate abusing friends of subjects. Although subjects could name friends with children who did not abuse opiates, most of their friends were heavy drinkers. Thus, this attempt also was unsuccessful.

Further attempts included careful soliciting of parents at day care centers, and finally, poster ads for subjects placed in residential areas where substantial numbers of the alcohol or opiate addicted subjects lived. In spite of endorsement and even recruitment by the staff of the day care centers, parents refused to participate in this study. It is suspected that mention of the sponsorship of the study by the Washingtonian Center (a drug and

alcohol abuse facility) evoked negative and fearful reactions in persons not having or acknowledging drug or alcohol problems.

Poster advertising resulted in considerably more response, however, volunteers recruited in this manner were primarily white and of higher socioeconomic status than our subjects.

It is possible that a satisfactory control group could have been recruited by door to door soliciting. Time, financial constraints, and the difficulties of conducting such surveys in neighborhoods appropriate to match our subject population prevented us from attempting this alternative.

E. Limitations of the study

Generalizability of the results of this study are limited by the representativeness of the sample, the use of retrospective self-report data and lack of a control group.

As shown in Tables 5 and 6, alcohol and opiate addicted parents participating, and eligible but not participating in this study do not differ significantly on the basic demographic variables of age, race, sex, marital status, and employment. Thus, the subjects participating in this study are demographically representative of the population of alcohol and opiate addicted parents currently caring for children admitted to the Center for treatment. It is still possible, however, that these groups differ on dimensions on which they were not compared.

The primary reason for nonparticipation was early withdrawal from treatment. Since the primary reason for early withdrawal from treatment is relapse into drug use, parents not participating

in this study may have more severe addiction problems or problems in functioning than the parents studied. Bias introduced by failure of parents withdrawing early from treatment to participate may result in misrepresentation of addicted parents as functioning better and perhaps caring for their children better than they actually do.

Addicted parents not currently caring for children were not eligible for participation in this study. In order to investigate the possibility that this eliminated parents who have had their children removed from them subsequent to abuse or neglect, addicted parents not currently caring for their children were interviewed to determine the circumstances associated with separation from their children.

The reasons for separation of these parents from their children do not differ from reasons for separation from children given by parents participating in the study. The possibility that the majority of these parents, ineligible for the study, were separated from their children for abuse or neglect can be ruled out.

All addicted parents participating in this study were engaged in treatment. Most were currently hospitalized; many had been hospitalized previously. Thus, results of this study may not be generalizable to addicted parents who have never sought treatment, or have not been in treatment recently.

Respondents were selected from an Eastern, urban area and a specific treatment program within that area. Representativeness of alcoholics and opiate addicts treated at the Center of all

alcoholic or opiate addicted parents in treatment is unknown and can only be estimated by comparison with specific populations to which the reader wishes to generalize.

The primary sources of data for this study are self-reports of alcohol and opiate addicted parents. Such data is prone to bias by deliberate fabrication, difficulties in recall, and bias of the subject in reporting information. As previously mentioned, efforts to check the validity of subjects' responses were inconclusive. Thus, there is a possibility that the results are biased in the direction of social desirability.

Although comparisons can be made in this study between families in which abuse or neglect of a child occurred and families in which no abuse or neglect occurred, the incidence of abuse or neglect in families with an alcohol or opiate addicted parent is not compared with the incidence in similar families with no addiction problem.

TABLE 5

Comparison of Eligible Alcoholic Parents Participating
And Not Participating in this Study

Characteristic	Alcoholic Parent Subjects (<u>n</u> =92)	Alcoholic Parents Not Participating (<u>n</u> =29)
Sex		
Male	63%	72%
Female	37	28
Race		
Caucasian	65%	72%
Black	35	28
Age (<u>M</u>)	38.4 years	39.3 years
Marital status		
Single	9%	10%
Married	56	62
Separated	25	17
Divorced/widowed	10	10
Employment		
Yes	22%	10%
No	78	90

TABLE 6

Comparison of Eligible Opiate Addicted Parents Participating
And Not Participating in this Study

Characteristic	Addicted Parent Subjects (<u>n</u> =108)	Addicted Parents Not Participating (<u>n</u> =39)
Sex		
Male	29%	44%
Female	71	56
Race		
Caucasian	45%	59
Black	55	41
Age (<u>M</u>)	27.4 years	28.2 years
Marital status		
Single	22%	38%
Married	37	41
Separated	27	13
Widowed/divorced	14	8
Employment		
Yes	12%	10%
No	88	90

III. RESULTS

A. Overview of the Results

Incidence and characteristics of physical and sexual abuse and neglect of children in families with an alcohol or opiate addicted parent are reported. Comparisons are made between families with an alcoholic parent and families with an opiate addicted parent.

In order to examine possible antecedents of abuse, abuse of the alcohol or opiate addicted parent during childhood is examined:

- 1) in relationship to current abuse of children by that parent and,
- 2) in relationship to alcohol or drug problems in the parents of alcoholics and opiate addicts. Reports of the perceptions of alcohol and opiate addicted parents regarding their care of their children and their reaction to the study are also summarized.

Finally, in order to identify factors associated with child abuse and neglect comparisons are made between families in which abuse or neglect of a child occurs and families in which abuse or neglect does not occur. Characteristics used in these comparisons include: demographic and socioeconomic characteristics, drug use of the respondent, health of respondent and spouse, availability of supports, family disruption, characteristics of respondents' childhood, child-rearing practices of the respondent, and personality characteristics of the respondents. These comparisons include combined and separate analyses of families with alcohol and opiate addicted parents and combined and separate analyses of families in which abuse and/or neglect of a child occurs.

B. Physical and Sexual Abuse of Children

1. Incidence of physical and sexual abuse

As shown in Table 7, physical or sexual abuse of a child was determined to have occurred in 45 (22.5%) of the 200 families with an alcoholic or opiate addicted parent. The majority (89%) of these 45 cases involve physical abuse alone. Sexual abuse of a child is present in an additional 2 (4%) of these cases. Both physical and sexual abuse occur in 3 (7%) of the 45 cases.

Of the 45 families in which a child was physically or sexually abused, 25 (56%) are families with an alcoholic parent and 20 (44%) are families with an opiate addicted parent. Abuse of a child occurs in 27% of the families with an alcohol addicted parent and in 19% of the families with an opiate addicted parent. Incidence of physical and sexual abuse of a child is not significantly different among families with an alcohol or opiate addicted parent.

2. Characteristics of abuse

As shown in Table 8, in those 45 families in which a child was abused, the abuse is usually repeated (78%) and, if the family includes more than one child, usually involves more than one child (65%). Abusers are usually parents (87.5%) and are equally likely to be male (44%) or female (56%). Most of the 43 physical abuse cases involve beatings resulting in bruises, welts, black eyes, bloody noses, swelling, black and blue marks, stitches, cuts and scars (86%). Injuries such as knockout, concussion, fractures and broken collarbones occur in 2 (5%) of the cases, burns in another

TABLE 7

Incidence of Child Abuse in Families With
An Alcohol or Opiate Addicted Parent

Abuse	Addiction of Parent		Total (<u>n</u> =200)
	Alcoholic (<u>n</u> =92)	Opiate Addict (<u>n</u> =108)	
Physical abuse	23	17	40
Sexual abuse	0	2	2
Physical and sexual abuse	2	1	3
Total abuse	25 ^a	20 ^b	45 ^c
No abuse	67	88	155

^a27% of the alcoholic parents; 56% of all abuse cases

^b19% of the opiate addicted parents; 44% of all abuse cases

^c22.5% of all addicted parents

TABLE 8
Characteristics of Abuse

	<u>n</u>	<u>Percent</u>
<u>Frequency (n=45 cases)</u>		
Single incident	10	22%
Repeated	35	78%
<u>Number of Children Involved (n=34 multi-child families)</u>		
Single child	12	35%
More than one child	22	65%
<u>Abuser (n=48 identified abusers)</u>		
Parent or step-parent	42	87.5%
Other	6	12.5%
<u>Sex of Abuser (n=48 identified abusers)</u>		
Male	21	44%
Female	27	56%
<u>Type of Injury (Physical Abuse) (n=43 cases)</u>		
Bruising	37	86%
Broken bones/concussion	2	5%
Burns	2	5%
Other	2	5%
<u>Type of Injury (Sexual Abuse) (n=5 cases)</u>		
Intercourse or attempted intercourse	2	40%
Fondling	3	60%

2 (5%) and various injuries resulting from behavior such as throwing a child out the window in another 2 (5%) of the cases. Of the 5 sexual abuse cases, 40% involve intercourse or attempted intercourse and 60% sexual play or fondling.

3. Abuse of alcoholics and opiate addicts during childhood

Many alcoholics and opiate addicts are themselves abused during childhood. As shown in Table 9, 84 (42%) of the alcoholic or opiate addicted parents interviewed had been physically or sexually abused by their parents in childhood.¹ Physical abuse alone was most common, occurring in 42 (50%) of the 84 cases, sexual abuse alone occurred in 20 (24%), and both physical and sexual abuse occurred in 22 (26%) of the cases. Alcohol addicted subjects and opiate addicted subjects are equally likely to have been abused during childhood. Thirty-seven (40%) of the alcoholic parents and 47 (44%) of the opiate addicted parents had been physically or sexually abused during childhood.

4. Addicts' perceptions of mistreatment

In addition to determination of abuse by ratings based on answers to a variety of interview questions, 151² addicted parents were asked if they were "ever mistreated as a child."

Of these addicted parents, 26.5% report being mistreated during childhood. Feelings of having been mistreated are significantly related to rater determinations of abuse of these parents during childhood (Table 10). Respondents are more likely to feel that they

¹Determined by raters examination of subjects' answers to questions about their childhoods.

²This question was omitted on questionnaires used early in the study and occasionally not asked of subjects not reared by parents or relatives.

TABLE 9

Incidence of Abuse of Alcohol and Opiate Addicted
Parents During Childhood

Abuse During Childhood	Addiction of Subject Alcoholic (<u>n</u> =92)	Opiate Addict (<u>n</u> =108)	Total (<u>n</u> =200)
Physical abuse	21	21	42
Sexual abuse	8	12	20
Physical and sexual abuse	8	14	22
Total abused	37 ^a	47 ^b	84 ^c
No. not abused	55	61	116

^a40% of the alcoholic parents

^b44% of the opiate addicted parents

^c42% of all addicted parents

TABLE 10

Relationship Between Self Reports of Mistreatment
During Childhood and Rater Determination of Abuse

Self Report of Mistreatment	Rater Determination of Abuse		Total
	Yes	No	
Yes	29	11	40
No	34	77	111
Total	63	88	151

$$\chi^2(1) = 19.5, p < .001$$

had not been mistreated when raters determined they had been abused, than to feel that they had been mistreated when raters determined that no abuse occurred.

C. Neglect of Children

1. Incidence of neglect

Children in all of the families with an alcohol or opiate addicted parent were seen as experiencing some degree of neglect. However, in most families the degree of neglect was considered mild. Children in 61 (30.5%) of the families were rated as seriously neglected (Table 11). In 37 (61%) of the 61 families, neglect occurs alone. In 24 (39%) neglect occurs in association with abuse.

Of the 61 families in which children were seriously neglected, 26 (43%) are families with an alcoholic parent and 35 (57%) are families with an opiate addicted parent. Serious neglect occurs in 28% of the families with an alcoholic parent and in 32% of the families with an opiate addicted parent. Incidence of neglect is not significantly different among families with an alcohol or opiate addicted parent.

2. Dimensions of neglect

In all families with an addicted parent the addiction interferes in some manner with parenting. The addicted parent, and frequently the spouse, lack the time, energy, and emotional balance necessary for child care. These parents find it difficult to provide consistent physical care and discipline. They are preoccupied with the addiction and with each other. Children often receive little attention.

TABLE 11
Incidence of Neglect

Neglect	Addiction of Parent ^d		Total
	Alcoholic	Opiate Addict	
Mild	66	73	139
Serious	26 ^a	35 ^b	61 ^c
Total	92	108	200

^a28% of families with an alcoholic parent; 43% of all neglect cases

^b32% of families with an opiate addicted parent; 57% of all neglect cases

^c30.5% of all families

^d $\chi^2(1), p > .05, \underline{n.s.}$

In the most serious cases parents find it difficult to get up in the morning, to plan and prepare meals, or to provide other physical care. Children are not fed and do not get up to go to school. Medical care is neglected, even in emergencies, by parents incapacitated by the addiction.

Illness associated with the addiction and illegal activities which provide financial support for the addiction result in repeated separations of parents and children while parents are hospitalized or imprisoned. Moves are also frequent, further disrupting relationships and schooling. Eventually, many families became single parent families. When the parent, left caring for the children, is the addicted parent, the adequacy of child care often depends on the support available from family and friends. Sometimes children are left alone or given to friends or relatives for long periods of time. Older children are required to assume the parenting of younger children and are often in the position of mothering a sick parent or serving as a parental confidant.

In the most severe cases, children as young as five are left alone to care for babies only months old. Children are repeatedly given to friends or relatives, sometimes unable or unprepared to care for them, for months or years, and then reclaimed. Parents incapacitated by the addiction become unable to function while caring for a child, resulting in injury or risk of injury. Parents under the influence of drugs or alcohol are involved in automobile accidents in which children are injured. Some parents are unable to provide housing for themselves and their children. Neglect of themselves

results in parental neglect of unborn children when little or no prenatal care is obtained and heavy drinking or drug use continue throughout pregnancy.

Tension and anxiety associated with repeated illness and financial and interpersonal problems affect both parents and result in yelling and verbal abuse. Violence between the parents and between parents and children is common. Occasionally children are exposed to traumatic events associated with the addiction.

In extreme cases unusual accidental and traumatic events, not infrequent in the lives of an addict, affect the children. Children witness deaths by overdose and by murder. Severe illness of parents is common. Children are given drugs inappropriately or accidentally take medication left accessible by the parents. Irritable parents and sometimes parental friends with little interest in the children use severe discipline and sometimes injure children. In other cases, or at other times, discipline is neglected and children receive little or no attention at all.

D. Combined Incidence of Child Abuse and Neglect

As illustrated in Table 12, abuse or neglect of a child occurred in 82 (41%) of the families with an alcohol or opiate addicted parent. Of those families in which child abuse or neglect occurred, 39 (48%) are families with an alcoholic parent and 43 (52%) are families with an opiate addicted parent. There is no difference in the frequency with which child abuse and neglect occurs in families with an alcohol or opiate addicted parent.

TABLE 12

Combined Incidence of Child Abuse and Neglect

Abuse and Neglect	Addiction of Parent		Total
	Alcoholic	Opiate Addict	
Abuse and/or neglect	39 ^a	43 ^b	82 ^c
No abuse/or neglect	53	65	118
Total	92	108	200

^a42% of the families with an alcoholic parent

^b40% of the families with an opiate addicted parent

^c41% of all families with an addicted parent

E. Response of the Parents

Addicted parents were interested in and willing to participate in this study. They were concerned about the care of their children and the effects of their addiction on their children and welcomed the opportunity to discuss this aspect of their lives in a nonjudgmental situation from which they expected no repercussions.

In conjunction with other discipline questions parents were asked if they had "ever lost control while spanking any of your children and hit them harder than perhaps you meant to." Thirty-two percent of the parents asked report experiencing loss of control. Loss of control does not necessarily mean abuse of a child will occur; fifty-five percent of the parents reporting loss of control were determined by raters to have an abused child. However, loss of control is associated with child abuse; eighty-one percent of those parents with an abused child report loss of control. There is no difference in the frequency with which alcohol and opiate addicted parents report loss of control.

Thirty-two parents who reported experiencing loss of control were also asked whether they were using alcohol or other drugs at the time. There is no difference in the frequency with which these parents report use of alcohol or opiates (56%) or no use of alcohol or opiates (44%) at the time they lost control. There is also no difference in the number of alcoholics reporting use of alcohol associated with loss of control (55%) and the number of opiate addicts reporting use of opiates associated with loss of control (57%). Thus, alcohol or opiate use is not associated with reported loss of control while spanking a child.

When asked how their drug use affects the care of their children, 50% of the addicted parents report that emotional care of the children is affected, 42% report supervision and discipline are affected, 31% report physical care is affected, and 18% report financial support is affected. There are no differences in the reports of alcohol or opiate addicted parents concerning the type of care affected or the frequency with which different aspects of care are reported as affected by alcohol or drug use. Although they acknowledge a wide range of problems in the care of their children, the majority of these parents value their children and are concerned with their care.

F. Comparison of Families in Which Child Abuse and/or Neglect Occurs and Families in Which There is No Abuse or Neglect

After review of all questions answered by the addicted parents, a subset of questions representative of the different dimensions assessed by the questionnaire was selected for this analysis. Questions selected were answered by all or a majority of the subjects and showed moderate variation in responses. In order to increase the sample size for this comparison, families in which there was abuse, serious neglect or both abuse and serious neglect of a child were combined. In this comparison families in which a child was abused and/or neglected (maltreated) were compared with families in which there was no child abuse or serious neglect.

Initially families with an alcohol or opiate addicted parent were combined in the analysis. Further comparisons were then made between alcoholic parents with and without an abused and/or seriously neglected child and between opiate addicted parents with and without an abused and/or seriously neglected child.

1. Demographic and socioeconomic characteristics (Table 13)

In spite of the large number of significant differences between families with an alcohol or opiate addicted parent, type of parental addiction does not distinguish families in which maltreatment of a child occurs from families in which maltreatment does not occur.

Sex of the addicted parent distinguishes between families in which maltreatment of a child occurs and families in which there is no maltreatment more powerfully than any other demographic or socioeconomic characteristic. Female addicted parents are more likely to have an abused or neglected child than male addicted parents. This distinction is maintained in separate analysis of alcohol and opiate addicted parents. Female alcoholics are more likely to have a maltreated child than male alcoholics and female opiate addicts are more likely to have a maltreated child than male opiate addicts.

Race of the respondent distinguishes between maltreating families with an opiate addicted parent, but does not distinguish between maltreating and non-maltreating families with an alcoholic parent or between maltreating and non-maltreating families when families with an alcohol or opiate addicted parent are combined. Among opiate addicts, black families are more likely to have a maltreated child than caucasian families. Sex differences between alcoholic and opiate addicted parents contribute to the strength of this racial difference but do not entirely account for it. Black female opiate addicts are more likely to have a maltreated child than white female opiate addicts ($\chi^2(1) = 4.11, p < .05$).

Other demographic or socioeconomic characteristics which distinguish between families with a maltreated child and families without

a maltreated child reflect differences in standard of living. Families in which maltreatment of a child occurs are more likely to be supported by welfare, disability, alimony or child support and less likely to have any income from employment than families in which maltreatment of a child does not occur. Families in which maltreatment occurs are also more likely to rent an apartment than to own their own home and to live in a neighborhood characterized by them as average or below average in physical condition. Differences in the number of families which rent rather than own their own home distinguishes between maltreating families with an opiate addicted parent, but not between maltreating and non-maltreating families with an alcoholic parent. Family source of income distinguishes primarily among families with an opiate addicted parent, but the difference among maltreating and non-maltreating families with an alcoholic parent approaches significance ($p < .06$). Physical condition of the neighborhood distinguishes between all groups of families with and without maltreatment.

2. Drug use of respondent (Table 14)

Use of tranquilizers, hallucinogens, marijuana, and barbiturates or stimulants does not discriminate families with a maltreated child from families in which no maltreatment occurs. Number of treatment attempts also does not distinguish between these families.

3. Health of respondent and spouse (Table 15)

Presence of psychiatric illness, other than addiction, in respondent or spouse and chronic illness of the respondent, other than addiction, do not distinguish between families with an abused or neglected child and families in which no maltreatment occurs.

Chronic illness of the spouse distinguishes among families with and without a maltreated child only when families with an alcohol or opiate addicted parent are combined. Families in which a child is maltreated have a higher frequency of chronic illness in the spouse than families in which no maltreatment occurs.

In families where the spouse has an alcohol or other drug problem, child maltreatment is more likely to occur than in families in which the spouse does not have a problem with alcohol or drugs. Families with an alcoholic parent are more likely to have a maltreated child, if the spouse also has a problem with alcohol. Families with an opiate addicted parent are more likely to have a maltreated child, if the spouse also has a problem with drugs. The reverse is not true. Drug problems in the spouses of alcoholic parents are rare and do not distinguish between families with and without maltreatment of a child. Drinking problems in the spouse in families with an opiate addicted parent do not distinguish between families with and without maltreatment.

4. Availability of supports (Table 16)

Families in which abuse or neglect of a child occurs live further from their nearest relative than families in which no maltreatment occurs. This distinction is not maintained in the separate analysis of families with alcohol or opiate addicted parents.

Availability of help with childcare does not distinguish between families with and without maltreatment of a child.

5. Family disruption (Table 16)

Physical violence between the parents occurs more frequently in families in which a child is abused or neglected than

in families in which maltreatment of a child does not occur. This relationship is powerful enough to distinguish among families with and without maltreatment in the analysis of families with an alcoholic or opiate addicted parent combined and in the separate subgroup analyses of families with alcohol and opiate addicted parents.

Frequency with which families moved over the past five years does not distinguish families with and without maltreatment.

6. Characteristics of respondent's childhood (Table 17)

Structure of the respondent's family during childhood distinguishes between families with and without abuse and neglect of a child when families with alcohol and opiate addicted parents are combined. In families in which child maltreatment occurs the respondent is less likely to have been raised in a nuclear family with both parents present.

Physical abuse of the respondent during childhood distinguishes between families in which the respondent has a maltreated child and families with no maltreatment when families with an alcohol or opiate addicted parent are combined. Childhood abuse of the respondent does not distinguish families with and without maltreatment in the subgroup analyses of families with alcohol or opiate addicted parents although it approaches significance in differentiating between maltreating and non-maltreating families with an alcoholic parent ($p < .058$).

Drug or alcohol problems in either of the respondent's parents distinguish between families with and without physical abuse of a child, but do not distinguish families with and without maltreatment (abuse and/or neglect). Respondents whose own parents had an alcohol or drug problem are more likely to have been abused and to have an abused child.

7. Childrearing practices (Table 18)

Addicted parents were asked to report the frequency with which they use different methods of discipline with their children. In families in which abuse or neglect of a child occurs children are more frequently ignored, yelled at, and spanked, and drugs or alcohol are used to calm children more frequently than in families in which there is no maltreatment of children.

In subgroup analyses alcohol addicted parents with families in which maltreatment of a child occurs report yelling at their children more frequently than alcohol addicted parents with families in which there is no maltreatment. Opiate addicted parents from families in which maltreatment of a child occurs report more frequent use of drugs or alcohol to calm their children.

8. Self-administered measures of personality, stress, and childrearing

Personality characteristics as measured by the Minnesota Multiphasic Personality Inventory do not distinguish between alcohol and opiate addicted parents with and without a maltreated child.

Responses of these parents to the Survey on Bringing up Children, a measure used to predict difficulties in childrearing, also do not distinguish between families with and without maltreatment.

Responses of addicted parents to the Schedule of Recent Experience, a measure of stress, could not be analyzed. Difficulties experienced by respondents in correctly completing the complex measure resulted in a high frequency of invalid responses.

9. Summary

When families with an alcohol or opiate addicted parent are combined, the following characteristics distinguish families in which maltreatment of a child occurs from families in which there is no maltreatment: sex, family source of income, type of residence,

condition of the neighborhood, chronic illness or alcohol or drug problems in the spouse, distance of the nearest relative, family violence, structure of the respondent's family in childhood, abuse of the respondent as a child, and frequency with which the respondent ignores, yells at, spans or uses alcohol or drugs to calm children.

Families with an abused or neglected child are likely to be families in which the female parent is addicted to opiates or alcohol. They tend also to be poor. The support provided by the spouse of the addicted parent is limited by chronic illness, alcoholism or drug problems. Fights resulting in physical injury occur between the parents. Relatives do not live within walking distance. The addicted parents, frequently abused themselves as children, react with abuse to their own children. Many of the parents did not grow up in a family with both parents present. Children are more frequently yelled at, ignored, or spanked than in non-maltreating families. When children become irritable they may be given alcohol or other drugs to calm them.

In the smaller group of alcoholic parents the most salient differences between families in which abuse or neglect of a child does or does not occur are sex of the addicted parent, condition of the neighborhood, alcohol problems in the spouse, occurrence of violence between the parents and use of yelling and threats to discipline.

Families in which child abuse or neglect occurs are likely to be families in which the alcoholic parent is female. These families live in poorer neighborhoods than families in which maltreatment does

not occur. Violence occurs between the parents and the spouse also is likely to have a drinking problem. Yelling and threats are often used to discipline children.

Similarly, in families with an opiate addicted parent maltreatment of a child occurs more often in families in which the female parent is addicted and the family is poor, as indicated by source of income, condition of the neighborhood and type of housing. The spouse of the addicted parent is also likely to have a drug problem and physical violence occurs between the parents. In contrast to maltreating families with an alcoholic parent, maltreating families with an opiate addicted parent are more likely to be black than non-maltreating families. Alcohol or drugs are used to calm children and children are praised less often in these families than in non-maltreating families.

G. Comparison of Families in Which only Child Abuse Occurs and Families in Which only Serious Neglect Occurs

In order to further investigate the differences between abusing and neglecting families, 21 families with abuse, but no serious neglect of a child were compared with 37 families with serious neglect, but no abuse of a child.

Results of these comparisons show that use of hallucinogens, number of treatment attempts, source of income and use of praise and physical punishment with objects to discipline children differ significantly between these two groups. No other characteristics shown in Tables 13-18 distinguish these two groups.

Families in which only neglect occurs are more likely to be supported by welfare, alimony, disability, or child support than

families in which only abuse occurs. Thus, they are probably poorer. The addicted parent in families in which neglect occurs is more likely to use hallucinogens and has received more treatment for alcohol or opiate addiction than addicted parents in abusing families. Thus, the addiction problem might be considered more chronic and the addicted parent more likely to be out of touch with reality in neglecting families. Addicted parents in families in which only abuse occurs use less praise and are more likely to physically punish their children with objects than addicted parents in families in which only neglect occurs. Thus, discipline is harsher in abusing families.

TABLE 13

Characteristics of Subjects and Families
With and Without an Abused or Neglected Child

<u>Demographic & Socioeconomic Characteristics</u>	Occurrence of Abuse and/or Neglect	
	Yes (<u>n</u> =82)	No (<u>n</u> =118)
Age		
18-25	32.9%	30.5%
26-35	34.1	37.3
36+	32.9	32.2
Sex***a,b		
Male	29.3%	55.1%
Female	70.7	44.9
Race ^b		
Caucasian	46.3%	60.2%
Black	53.7	39.8
Education		
Did not complete high school	56.1%	52.5%
Completed high school	34.1	28.0
Continued beyond high school	9.8	19.5
Employment		
Yes	13.4%	18.6%
No	86.6	81.4
Family source of income***b		
Employment	11.0%	26.3%
Employment plus alimony or welfare	40.2	50.8
Welfare/disability/alimony	48.8	22.9

TABLE 13
(Cont'd.)

	Occurrence of Abuse and/or Neglect	
	<u>Yes</u> (<u>n</u> =82)	<u>No</u> (<u>n</u> =118)
Illegal income		
Yes	49.4%	40.4%
No	50.6	59.6
Marital Status		
Single	16.0%	15.3%
Married	38.3	51.7
Separated	30.9	22.9
Divorced/widowed	14.8	10.2
Family structure		
Nuclear	39.5%	53.8%
Single parent	27.2	18.8
Extended/communal	33.3	27.4
Number of children		
1	39.0%	51.7%
2 or 3	45.1	36.4
4+	15.9	11.9
Residence** ^b		
Own	10.0%	27.0%
Rent	90.0	73.0
Condition of neighborhood*** ^{a, b}		
Above average	24.7%	48.7%
Average	42.0	36.8
Below average	78 33.3	14.5

TABLE 13
(Cont'd.)

Level of significance when families with alcohol and opiate
addicted parents are combined

*p < .05
**p < .01
***p < .005

^asignificant (p < .05) in families with an alcohol addicted
parent

^bsignificant (p < .05) in families with an opiate addicted
parent

TABLE 14

Characteristics of Subjects and Families
With and Without an Abused or Neglected Child

<u>Drug Use of Respondent</u>	Occurrence of Abuse and/or Neglect	
	<u>Yes</u> (<u>n=82</u>)	<u>No</u> (<u>n=118</u>)
Use of tranquilizers		
Yes	59.3%	47.5%
No	40.7	52.5
Use of hallucinogens		
Yes	28.0%	22.9%
No	72.0	77.1
Use of marijuana		
Yes	59.3%	50.8%
No	40.7	49.2
Use of barbiturates or stimulants		
Yes	42.7%	29.7%
No	57.3	70.3
Number of treatment attempts		
1	16.3%	17.8%
2	20.0	10.2
3+	63.8	72.0

Level of significance when families with alcohol and opiate addicted parents are combined

*p < .05
**p < .01
***p < .005

^asignificant (p < .05) in families with an alcohol addicted parent

^bsignificant (p < .05) in families with an opiate addicted parent

TABLE 15

Characteristics of Subjects and Families
With and Without an Abused or Neglected Child

<u>Health of Respondent & Spouse^c</u>	Occurrence of Abuse and/or Neglect	
	Yes (<u>n</u> =82)	No (<u>n</u> =118)
Chronic illness (respondent)		
Yes	29.3%	29.7%
No	70.7	70.3
Chronic illness (spouse)*		
Yes	30.8%	14.6%
No	69.2	85.4
Psychiatric illness (respondent)		
Yes	30.4%	22.4%
No	69.6	77.6
Psychiatric illness (spouse)		
Yes	25.0%	17.6%
No	75.0	82.4
Alcohol abuse (spouse)*** ^a		
Yes	28.3%	7.8%
No	71.7	92.2
Drug abuse (spouse)** ^b		
Yes	41.5%	18.7%
No	58.5	81.3

Level of significance when families with alcohol and opiate
addicted parents are combined

* $p < .05$
** $p < .01$
*** $p < .005$

^asignificant ($p < .05$) in families with an alcohol addicted parent

^bsignificant ($p < .05$) in families with an opiate addicted parent

^c140 respondents reported on spouses

TABLE 16

Characteristics of Subjects and Families
With and Without an Abused or Neglected Child

<u>Availability of Supports</u>	Occurrence of Abuse and/or Neglect	
	<u>Yes</u> (<u>n</u> =82)	<u>No</u> (<u>n</u> =118)
Distance of nearest relative*		
Walking distance	44.4%	58.5%
Within 1 hour	43.2	25.4
More than 1 hour away	12.3	16.1
Source of help with children		
Yes	79.3%	86.1%
No	20.7	13.9
<u>Family Disruption</u>		
Times moved in past five years		
0	29.9%	32.4%
1	19.5	19.4
2+	50.6	48.1
Family violence***a, b		
Yes	77.6%	46.4%
No	22.4	53.6

Level of significance when families with alcohol and opiate addicted parents are combined

*p < .05
**p < .01
***p < .005

^asignificant (p < .05) in families with an alcohol addicted parent

^bsignificant (p < .05) in families with an opiate addicted parent

TABLE 17

Characteristics of Subjects and Families
With and Without an Abused or Neglected Child

<u>Characteristics of Respondent's Childhood</u>	Occurrence of Abuse and/or Neglect	
	Yes (<u>n</u> =82)	No (<u>n</u> =118)
Family structure*		
Nuclear	65.4%	82.1%
Single parent	29.6	15.4
Extended/communal	4.9	2.6
Education head of household		
Did not complete high school	50.0%	51.7%
Completed high school	26.7	25.8
Continued beyond high school	23.3	22.5
Parental alcohol or drug abuse		
Yes	63.4%	49.2%
No	36.6	50.8
With parents until 18		
Yes	18.3%	25.6%
No	81.7	74.4
Abuse of respondent during childhood*		
Yes	51.2%	35.6%
No	48.8	64.4

TABLE 17
(Cont'd.)

<u>Characteristics of Respondent's Childhood</u>	Occurrence of Abuse and/or Neglect	
	Yes (<u>n</u> =82)	No (<u>n</u> =118)
Respondent felt mistreated		
Yes	30.6%	23.6%
No	69.4	76.4

Level of significance when families with alcohol and opiate
addicted parents are combined

*p < .05
**p < .01
***p < .005

^asignificant (p < .05) in families with an alcohol addicted parent

^bsignificant (p < .05) in families with an opiate addicted parent

TABLE 18

Characteristics of Subjects and Families
With and Without an Abused or Neglected Child

<u>Childrearing Practices</u>	Occurrence of Abuse and/or Neglect	
	<u>Yes</u> (<u>n</u> =82)	<u>No</u> (<u>n</u> =118)
Hug		
None	8.5%	8.7%
Less than daily	14.6	22.6
Daily	41.5	38.3
More than daily	35.4	30.4
Praise ^b		
None	6.1%	7.0%
Less than daily	46.3	36.5
Daily	34.1	44.3
More than daily	13.4	12.2
Reason		
None	7.4%	9.6%
Less than daily	54.3	57.9
Daily	28.4	26.3
More than daily	9.9	6.1
Yell ^a		
None	3.7%	7.1%
Less than daily	35.4	54.9
Daily	17.1	11.5
More than daily	43.9	26.5

TABLE 18
(Cont'd.)

<u>Childrearing Practices</u>	Occurrence of Abuse and/or Neglect	
	<u>Yes</u> (<u>n=82</u>)	<u>No</u> (<u>n=118</u>)
Threaten^a		
None	6.2%	4.4%
Less than daily	33.3	46.9
Daily	17.3	11.5
More than daily	43.2	37.2
Ignore*		
None	17.3%	36.5%
Less than daily	59.3	51.3
Daily	13.6	6.1
More than daily	9.9	6.1
Spank*		
None	16.3%	33.0%
Less than daily	65.0	55.7
Daily	13.8	8.7
More than daily	5.0	2.6
Spank with hand or object		
Hand	59.4%	74.0%
Object	40.6	26.0

TABLE 18
(Cont'd.)

<u>Childrearing Practices</u>	Occurrence of Abuse and/or Neglect	
	Yes (<u>n</u> =82)	No (<u>n</u> =118)
Use of drugs or alcohol*** ^b to calm children		
Yes	32.1%	13.7%
No	67.9	86.3

Level of significance when families with alcohol and opiate
addicted parents are combined

*p < .05
**p < .01
***p < .005

^asignificant (p < .05) in families with an alcohol addicted parent

^bsignificant (p < .05) in families with an opiate addicted parent

IV. SUMMARY AND DISCUSSION

A. Incidence of Child Abuse

In spite of recent advances, there is misunderstanding and lack of acceptance of alcoholism and opiate addiction. Although few people would suggest that all child abuse is attributable to substance abusing parents, the thought that all substance abusing parents abuse their children is not as uncommon. Stories appearing in the media and even in newsletters in the field of addiction suggest that children in families with a substance abusing parent are likely to be abused. Laws in some states (Polier and McDonald, 1972) also identify the existence of parental substance abuse as an indication of child abuse. It is the finding of this study that most alcoholic or opiate addicted parents do not physically or sexually abuse their children.

Although there are no data on a matched control group, tentative comparisons can be made between the incidence of child abuse in families with an addicted parent and the incidence in other groups of families. There are few estimates of the incidence of abuse in any population and those that do exist are considered very rough estimates. Most reports of the incidence of child abuse in the United States are estimates of the number of children abused. However, Light (1979), reanalyzing data reported by Gil (1970), from a national sample in which respondents were asked whether they knew of any families in which child abuse had occurred, suggests that as an upper bound estimate that physical abuse of a child occurs in 1% of all American families.

Using an entirely different method--asking parents about the kinds of physical punishment they use with one of their children--Straus, Gelles, and Steinmetz (1979) present figures which suggest that from 3% to 4% of American parents abuse a child each year. This figure rises to 14%, if hitting with an object is included. The authors do not present these figures as reliable estimates of the incidence of child abuse in American families. The data gathered are considered to underestimate the problem, since only two parent families were considered, only one of the parents was interviewed, questions were asked concerning only one child and only incidents in the past year were recorded. In spite of these limitations these figures help to clarify by a process of successive approximation the actual incidence of abuse in American families.

In this study of addicted parents hitting a child with an object was not necessarily considered abuse. Many parents reported that the use of objects for physical punishment of a child was preferable and constituted milder and more humane punishment than use of a hand. The definition of abuse used in this study is therefore more comparable to the definition used by Straus, et. al. (1979) which suggests that 3% to 4% of all American parents have abused a child. Several differences in the conduct of this study of addicted parents contribute to an expected incidence of child abuse higher than 3% - 4%. These differences include extension of questions beyond the past year, asking of questions concerning both parents and all children under 18, and inclusion in the study of single parent families.

As expected, the incidence of child abuse, 22.5%, found in this study of addicted parents is higher than the 3-4% in a representative sample of two parent American families. It is not clear whether the increased incidence of child abuse in families with an addicted parent is due to differences in the conduct of the study, differences in demographic and socioeconomic characteristics of the samples, or presence of parental addiction.

In the absence of a control group it is not possible to attribute the higher incidence of child abuse in families with an addicted parent than in a representative sample of American families to the presence of addiction. However, it does appear that either addiction or characteristics associated with addiction make addicted parents a particularly high risk group for the occurrence of child abuse. Since substance abusing parents are demonstrably a group in which a variety of factors operate to create risk of child abuse, it is not surprising that the incidence of abuse found in this study is higher than the estimates for the general population. How this incidence compares with the incidence in other high risk populations is still unknown.

B. Physical Abuse of Addicted Parents During Childhood

Forty-two percent of the addicted parents in this study were recipients of physical abuse during childhood. Addicted parents were more likely to have been abused in childhood if their parents also had problems with alcohol or drugs. This abuse is in turn associated with abuse of children by the addicted parents in this study.

It has been suggested that abuse of alcoholics and opiate addicts during childhood may be associated with later development of their

addiction (Densen-Gerber and Sandberg, 1978). Since the percentage of abused children who become addicted to alcohol or opiates later in life is unknown and since most studies of addicts are retrospective the nature of the relationship between abuse in childhood and the development of addiction is unclear. There are several possible causal relationships suggested by the association between abuse in childhood and addiction. Addiction may be a cause or a consequence of abuse of a child, or perhaps both. There may be an interaction between addiction and abuse resulting in both child abuse and addiction. It is also possible that child abuse and addiction are not related, but that child abuse results in child abuse and addiction in addiction. Finally, the relationship between parental addiction and child abuse found in this study may be a spurious association resulting from the presence of other factors, such as poverty, which are associated both with addiction and child abuse.

The incidence of child abuse in families with an alcohol or opiate addicted parent reported in this study can be compared with the incidence of abuse of these alcoholic or opiate addicted parents by their own, frequently addicted, parents during childhood. This difference, 22.5% versus 42%, is substantial. One interpretation of this difference is that the bias of self-report data in this study has resulted in a considerable underestimate of the incidence of child abuse which occurs in the families studied. It is also possible, however, that alcoholic and opiate addicted parents, abused themselves as children, have succeeded in abusing their children less than they themselves were abused.

Addicted parents do not report being mistreated as children as often as mistreatment was determined to have occurred. Although they are highly correlated, subjective reports of mistreatment do not completely coincide with independent observations. Factors contributing to this difference are the individuals perceptions of whether or not abuse is deserved and whether or not injury has occurred. Individuals who feel they deserve the abuse they receive, who feel no injury or deny injury has occurred, did not consider themselves to have been abused.

C. Incidence of Neglect

The definitions of physical abuse of a child used in this study correspond with criteria used in reporting child abuse and in the determination of child abuse by child protection agencies. Definitions of neglect are much more controversial. The incidence of neglect reported in this study is, therefore, more open to individual interpretation and does not necessarily correspond with criteria used by protection agencies.

Children were neglected in all families with addicted parents. In most of the families neglect was considered mild. In 30.5% neglect was considered serious enough to result in possible injury of a child. There is no difference in the frequency with which children were abused or neglected in families in this study. A previous study (Kent, et. al., 1975) has been interpreted as suggesting that more neglect than abuse would be present in families with an addicted parent. If only serious neglect is considered this difference in the incidence of abuse and neglect does not occur

in this study. If mild neglect is also taken into account, then the incidence of neglect in addicted families in this study is higher than the incidence of abuse. Therefore, the apparent discrepancy in findings may be a consequence of differing definitions of neglect. Since both abuse and neglect occur in many families, it is also possible that families in which both abuse and neglect occur have been categorized as neglecting in some studies, thereby inflating the incidence of neglect relating to abuse.

When child abuse and neglect are combined, abuse or neglect of a child occurs in 42%, nearly half, of the families with an addicted parent. These figures again substantiate the designation of these families as high risk families for child maltreatment.

D. Comparison of Alcohol and Opiate Addicted Parents

In spite of the difference in the drug abused and substantial differences in demographic and socioeconomic characteristics, children were abused or neglected equally often in families with an alcoholic or opiate addicted parent. There also were no differences in the frequency with which these two groups of parents were determined to have been abused as children. These similarities in incidence of abuse and neglect in families with a parent addicted to alcohol or opiates suggest that the particular drug abused, alcohol or opiates, does not affect the incidence of child abuse or neglect.

Although no causal relationship has been established, use of alcohol has been associated with interpersonal violence (Tinklenberg, 1973). Examination of the relationship between opiate use and violence suggests less association between opiate use and interpersonal

violence (Fitzpatrick, 1974). Thus, less child abuse might be expected to occur in families with an opiate addicted parent than in families with an alcoholic parent. The ineffectiveness of drug of abuse, alcohol or opiates, to differentiate families in which abuse occurs from families in which there is no abuse or no maltreatment does not support this prediction.

Questions asked in this study concerning loss of control while spanking a child also do not support the suggestion that alcohol use is more likely to be associated with violence than opiate use. Alcoholics did not report loss of control while spanking children any more frequently than opiate addicts. Further, drug use reported in association with loss of control was equally likely to be opiates or alcohol. Neither alcohol or opiates were associated with loss of control any more frequently than no drug use.

It is possible that differences in the action of alcohol and opiates, normally present, are overridden by other factors in populations with chronic addiction. Alcohol or opiate use may be associated with different behaviors in addicts and non-addicts. It is also possible that both alcohol and opiates affect people differently, exciting or disinhibiting some while making others more passive. These variations in the action of these drugs might cancel out existing differences.

E. Characteristics Associated with Child Maltreatment

In all of the families studied one parent was addicted to alcohol or opiates. In more than half of these families (59%) child abuse and/or neglect does not occur. Most of the characteristics

which distinguish between families in which child maltreatment does and does not occur can be related to one or more of the following: sex or race of the addicted parent, family violence, or poverty and lack of supports. Personality characteristics and drug of abuse do not differ in maltreating and non-maltreating families. Thus, results of this study emphasize the importance of social, rather than psychological factors or drug of abuse in contributing to child abuse and neglect.

1. Sex and race of the addicted parent

Female addicted parents are more likely to abuse or neglect their children than males. This finding, supported by results of other studies (Simons et. al., 1966, Steele and Pollock, 1968 and Straus, 1978) is thought to reflect differences in roles of male and female parents, the tendency for the single parent in single parent families to be female, and, possibly, a tendency for women to express anger primarily or more frequently within the family.

Although there have been changes in family structure and roles over the past few years, women remain the primary caretakers of children, especially in single parent families (Holmes, 1977). These families, with only one adult, tend to have less financial support, and more stressful life situations than families with both parents. The weight of responsibility for childcare in these families falls on a single parent. In two parent families the female parent is also the caretaker. Thus, any interference in her functioning is likely to affect the children, especially if support, financial

and otherwise, is not available. If the husband's functioning is also interfered with by chronic illness or addiction, it increases the stress on the female parent. If she is functioning well, this increased stress may be manageable. If she is struggling with problems such as addiction, this increased stress may result in child maltreatment.

Female addicted parents in this study were more likely to head single parent families ($p < .001$), to be poor ($p < .001$) and to have a spouse with an alcohol or drug problem than males ($p < .001$). Sex of the parent, therefore, is indicative, not only of differences between males and females, but also of differences in resources and responsibilities which contribute to the likelihood of child maltreatment.

Black families were more common among opiate addicts and black addicted parents were more likely to have maltreated children than caucasian families. This racial difference is not accounted for by differences in sex of the addicted parent, but may reflect combined differences in sex of parent, financial status and supports, in interaction with race. Black families are more likely to have a female addicted parent ($p < .001$), and to report poorer living conditions ($p < .001$) and less support ($p < .001$) than caucasian families. Interparental violence occurs equally frequently in black and caucasian families.

2. Family violence

Violence breeds violence. One of the strongest predictors of violence between parent and child is violence between

parents. This finding, supported by research on other populations (Straus, 1978), suggests that violence in any form within the family increases the likelihood of child abuse. Violence generalizes from one interaction of a person to another and from one person to another. Families in which violence occurs between the parent are also families in which violence occurs between parent and child, and addicted parents abused as children are more likely to have abused children.

3. Poverty and lack of supports

Many factors associated with child abuse and neglect in this study reflect differences in family resources. In spite of the low socioeconomic status of the sample and the resulting reduction in variability on these measures, lower financial status and differences in housing and condition of housing are associated with maltreatment of a child.

Support defined in terms of availability of spouse and relatives is also important. The further away relatives live and the more likely the spouse is to be chronically ill or to have drug and alcohol problems the more likely child maltreatment is to occur in the family.

Financial and social supports appear to be particularly important in preventing child maltreatment in families with an addicted parent. When addiction of a parent occurs in an already relatively deprived family, even small differences in supports may result in or may prevent child maltreatment.

4. Discipline practices of Parents

Parents who abuse or neglect children are also more likely to ignore, yell at, threaten and spank children. Less use of

praise and use of objects to punish children distinguishes busing from neglecting parents. Multiple differences in discipline between maltreating and non-maltreating families suggest that parents in maltreating families have difficulties in disciplining their children which eventually are manifest in abuse or neglect of children. This, in turn, suggests that abuse and neglect of children in these families is not a result of a sudden crisis situation, but the outcome of a more chronic condition.

Alcoholics with maltreated children are more likely to yell at and threaten their children than opiate addicts; while opiate addicts are more likely to use drugs to calm their children. These differences may reflect differences in action of alcohol and opiates or may be related to cultural and generational differences in these groups.

F. Implications for Treatment

The high rate of child maltreatment in families with an addicted parent emphasizes the need for attention to and assessment of the needs not only of the addicted parent but also of other family members. This increase in attention and assessment must involve both addiction treatment programs and child protection agencies.

Results of this study suggest factors important in assessment and treatment of child maltreatment in families with an addicted parent. These include: sex and race of the parent, presence of financial and personal supports and existence of other family violence. The primary purpose of identifying these factors is to

evaluate the need for and to provide appropriate supports. For example: if the parent is a female, presence or absence of a functioning spouse should be determined as it will affect the adequacy of child care. If there is no spouse and support is also not available from functioning relatives of the subject, then supports for child care (day care, for example) are needed.

A question often raised is whether treatment of addiction or treatment of child abuse should occur first and whether treatment of addiction alone will suffice. Both should occur simultaneously. Behavior problems resulting in personal injury cannot wait for other problems to be taken care of before they receive attention. Consequences of the behavior may be serious before other problems are solved. In addition, the very presence of the behavior problem may interfere with efforts to solve other problems. Treatment or intervention in child abuse will not remove the need for treatment of the addiction. If attempts are made to treat or intervene in child abuse without corresponding attempts to attend to the addiction, the addiction will continue to interfere, not only with the functioning of the parent, but also with the treatment attempts. If attempts are made to treat the addiction without intervention in the maltreatment of children, the maltreatment will continue. If attention is paid to both problems simultaneously with coordination of treatment, significant benefits are possible. Firm intervention by police, family or employers in destructive behaviors associated with addiction may help persons who otherwise might not seek treatment.

This does not mean that children should be removed from these parents as an incentive. On the contrary, intervention which occurs before family, friends and job have been lost is most effective. Taking a child away, if not necessary, may prove not to be an incentive, but a discouragement.

Insisting on treatment does not mean dictating treatment. There is a tendency for persons in our society to feel that drug free treatment is the only acceptable alternative. There are many different treatment modalities, but no one treatment which helps all addicts. Support with methadone maintenance, for example, has been shown to improve the female opiate addict's care of themselves while pregnant and of their children.

Most addiction treatment personnel do not evaluate the care of children in the course of their work and are not familiar with signs of child abuse. Furthermore, strict confidentiality laws protecting information concerning the histories and treatment of addicted persons, make it difficult for addiction treatment personnel to participate in investigations of child abuse. Cooperative treatment programs, through which both child protection and addiction personnel can work to alleviate the problems of addiction and maltreatment are needed.

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